

CAVELAND EDUCATIONAL SUPPORT CENTER

CONSENT TO EVALUATE/RE-EVALUATE

Student: _____

DOB: _____

I agree to have Caveland Educational Support Center conduct the following service for my child:

- | | |
|---|--|
| <input type="checkbox"/> Psychoeducational Evaluation | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Functional Behavior Assessment | <input type="checkbox"/> Assistive Technology Evaluation |

I agree for evaluation in each of the ARC selected areas for assessment indicated below:

- ☐ Health
- ☐ Vision
- ☐ Hearing
- ☐ Social and emotional status
- ☐ General intelligence
- ☐ Academic Performance
- ☐ Communication status
- ☐ Motor abilities
- ☐ Vocational Evaluation
- ☐ Functional Vision/Learning Media Assessment
- ☐ Augmentative Alternative Communication/Assistive Technology Assessment
- ☐ Other

I understand that the evaluation will be conducted by a multidisciplinary team of qualified staff from the school district or by agencies/professionals with whom the local education agency contracts, through the use of a variety of assessment tools and strategies which may include norm-referenced and performance based testing, behavior observations, interviews, review of records and rating scales. The tests are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Assessments will be administered in the child/student's native language or other mode of communication. [300.532 (a)(1)(ii)]

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency, including Caveland Educational Support Center, as described in the sending district's policies and procedures.

I have been advised in my native language or other mode of communication and understand the contents of the consent. A copy and explanation of procedural safeguards has been provided to me. I understand that my consent is voluntary and may be revoked at any time. Should I revoke consent I understand that it is not retroactive. If this is a re-evaluation, failure to respond to a request for consent shall result in the school district proceeding with the special education evaluation.

- ☐ Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.
- ☐ For re-evaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educational disability. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.
- ☐ No, I understand the above information **and do not** give my consent.

 Parent/Student Signature

 Date